

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America	2019 OCT -2 A 11:57	COURT CASE NUMBER 2:19-cv-01319 (EDWI)
DEFENDANT Todd Dyer	NORTHERN DIST. OF OHIO AKRON	TYPE OF PROCESS Summons & Complaint, Motion & Brief

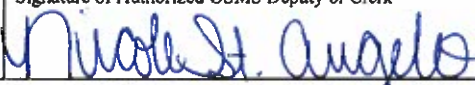
**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Todd Dyer, Reg. No. 05409-089  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
Federal Correctional Institution, Elkton, 8730 Scroggs Road, Lisbon, OH 44432

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Emily A. Constantine, Assistant United States Attorney Eastern District of Wisconsin 517 E. Wisconsin Ave., Ste. 530, Milwaukee, WI 53202 (emily.constantine@usdoj.gov)	Number of process to be served with this Form 285 1 Number of parties to be served in this case 1 Check for service on U.S.A.
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 414-297-1704	DATE 10/01/2019
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 89	District to Serve No. 60	Signature of Authorized USMS Deputy or Clerk 	Date 10/02/19
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date 10-16-19	Time 1053	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
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Address (complete only different than shown above)	Signature of U.S. Marshal or Deputy 
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Service Fee 65.00	Total Mileage Charges (including endeavors) 40.60	Forwarding Fee 8.00	Total Charges 113.60	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS

70 miles R/T @ .58